MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03382

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 New York Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) 309 New York Ave.

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Sincere (Last) Ahrens

4. DATE OF DEATH: (Month) March (Day) 25. (Year) 1953.

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 14. 1894.
9. AGE last birthday: 58. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of Dept. Store.
10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store
11. BIRTHPLACE (State or foreign country): Chicago, ILL.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Ahrens
14. MOTHER'S MAIDEN NAME: Lillian Sincere

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Grace Ahrens (Wife) 309 N.Y. Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Atherosclerosis — Symptoms 2 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, essential

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to March 25, 1953, that I last saw the deceased alive on March 25, 1953, and that death occurred at 1045 A. M. m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED March 26, 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 28. 1953.
NAME OF CEMETERY OR CREMATORY Uhrichsville, Cemetery
LOCATION (City, town, or county) Uhrichsville, Ohio. (State)

DATE REC'D BY LOCAL REG. 3-26-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company, Salisbury, Maryland. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.15 8-53

RECEIVED
MAR 30 1953
BUREAU V. S.

03383

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westover
STREET ADDRESS (If rural, give location) Westover Md

3. NAME OF DECEASED: (Type or Print) (First) Dorthy (Middle) Frances (Last) Barnes

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 22, 1908
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Frank Moore
14. MOTHER'S MAIDEN NAME: Mary Townsend.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Glen Barnes Westover Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Arteriolar Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Symptoms 3 months

DUE TO

Antecedent cause(s) (b) Renal Arteriosclerosis — " "

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

260X (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED March 20, 1953

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF March 22, 1953
NAME OF CEMETERY OR CREMATORY Palmetta Cemetery
LOCATION (City, town, or county) Rural Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 3/20/53
REGISTRAR'S SIGNATURE Mary Holloway
24. FUNERAL DIRECTOR James Denman, Princess Anne Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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RECEIVED
MAR 23 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03384

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 919 Railroad Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) 919 Railroad Avenue

3. NAME OF DECEASED (Type or Print) (First) L Louis (Middle) P (Last) Bell

4. DATE OF DEATH (Month) March (Day) 17 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widowed
8. DATE OF BIRTH Nov. 23-1890-62 yrs.
9. AGE last birthday If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Filer
10b. KIND OF BUSINESS OR INDUSTRY Lumber Mill
11. BIRTHPLACE (State or foreign country) Driftwood Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis P. Bell
14. MOTHER'S MAIDEN NAME Jennie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Jennie V. Henderson Colonial Hgts. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

882.0

Immediate cause (a) Isopropyl alcohol poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 12 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) 3 (Day) 17 (Year) 53 (Hour) ? m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Drank it instead of alcohol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑ Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Rademaker (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 3-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 21-53
NAME OF CEMETERY OR CREMATORY Blanford Cem.
LOCATION (City, town, or county) Petersburg, Va. (State)

DATE REC'D BY LOCAL REG. 3-19-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03385

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md. LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
STREET ADDRESS (If rural, give location) Glenn. Ave.

3. NAME OF DECEASED (Type or Print) (First) A. (Middle) KATIE (Last) BCTTS

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 6, 1875
9. AGE last birthday 77 yrs. If under 1 year Months 4 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Rouse Harrison
14. MOTHER'S MAIDEN NAME Matilda Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Kathryn Thompson Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Generalized Carcinomatosis, Abdominal

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Ascending colon

(c)

INTERVAL BETWEEN ONSET AND DEATH: on 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1952, to 3-19, 1953, that I last saw the deceased alive on 3-18, 1953, and that death occurred at 5 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Henry Fisher Jr. ADDRESS DATE SIGNED 3-20-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/21/53
NAME OF CEMETERY OR CREMATORY Odd Fellows
LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REG. 3-20-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03386

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 110 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Quantico Rd.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) HENRY (Last) Bounds

4. DATE OF DEATH: (Month) 3 (Day) 7 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: MAR. 2, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Azirah Bounds
14. MOTHER'S MAIDEN NAME: Mary A. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Eugene Bounds - Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0
Immediate cause (a) Cerebro-Vascular - Accident
DUE TO
Antecedent cause(s) (b) Arterio sclerotic heart disease
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Congestive failure

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24/, 1953 to 3/7/, 1953, that I last saw the deceased alive on 3/7/, 1953 and that death occurred at 8:20 a.m., from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (DEGREE OR TITLE) M.D. ADDRESS 228 N. Division DATE SIGNED 3/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3/10/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 3-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co ADDRESS Salis Md
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-50

RECEIVED
MAR 11 1953
BUREAU V. S.

03387

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Selbyville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) E (Last) Boyd

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1898
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Feed Store
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: 213-01-5848
17. INFORMANT & ADDRESS: Pashur Watson, Selbyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Volvulus of Sigmoid — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypo potassium - enum — 3 days

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1953, to 3-3, 1953 that I last saw the deceased alive on 3-3, 1953, and that death occurred at 8:02 P.M., from the causes and on the date stated above.

SIGNATURE: J. Rademaker M.D. (DEGREE OR TITLE) ADDRESS Salisbury Md DATE SIGNED 3-4-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3-8-53 NAME OF CEMETERY OR CREMATORY Sarah Dukes Cemetery LOCATION (City, town, or county) Bishop, Md (State)

DATE REC'D BY LOCAL REG. 3-9-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-

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RECEIVED
MAR 11 1953
BUREAU V. S.

Dr. Larmor

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03388

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD. #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Wicomico (COUNTY)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) RD #3

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Holland (Last) Brown

4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 28 - 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Home Life
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): RD. Salisbury Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nutter W. Hastings
14. MOTHER'S MAIDEN NAME: Priscilla Calloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. L. Greenbury Brown RD. #3. Salisbury Md. (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) uremia — Interval between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic renal arteries — unknown

DUE TO

(c) arteriosclerosis — 1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral thrombosis, old — 2 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/ 1951, to 3/5, 1953, that I last saw the deceased alive on 3/2, 1953, and that death occurred at 5.45 a.m., from the causes and on the date stated above.

SIGNATURE Ernest M. Larmore (Degree or title) M.D.
ADDRESS Delmar, Del
DATE SIGNED 3/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 7-53
NAME OF CEMETERY OR CREMATORY Parsons Cem
LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 3-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #3389

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Wicomico — Salisbury MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place): SINCE 1940
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland Rt. #5 Parker Rd
STREET ADDRESS (If rural, give location): Route #5 Parker Rd.

3. NAME OF DECEASED: (Type or Print) (First) LESTER (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) 3 (Day) 26 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15, 1914

9. AGE last birthday: 39 yrs.
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER

10b. KIND OF BUSINESS OR INDUSTRY: Dist. - State Roads

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shaw Brown

14. MOTHER'S MAIDEN NAME: Patsy Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 266-24-5600

17. INFORMANT & ADDRESS: Mrs. Effie Covington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592X **Immediate cause** (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3½ hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Hypertensive heart disease — 2 months

DUE TO

(c) Chronic glomerulo nephritis with marked hypertension — 5 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 1952, to March 26, 1953, that I last saw the deceased alive on March 29, 1953 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M. L. Cohen M.D. Delmar Del. 3-26-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-2-53

NAME OF CEMETERY OR CREMATORY: Fellowship Cemetery

LOCATION (City, town, or county) (State): Buena Vista, Georgia

DATE REC'D BY LOCAL REG.: 3-31-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: STEWART FUNERAL HOME - 324 E. Church St

Mary A. Stewart, Salisbury, Maryland

APR 2 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03390

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 309 Broad Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 309 Broad Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lena (Last) Brown

4. DATE OF DEATH: (Month) 3 (Day) 1 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: 8-20-1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Cook

11. BIRTHPLACE (State or foreign country): Salisbury, Wicomico Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary Ackwith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Howard Leonard, 309 Broad St. Salis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) acute cardiac failure
DUE TO

Antecedent cause(s) (b) Ch myocarditis arteriosclerotic
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 3-1, 1953, that I last saw the deceased alive on 2-16, 1953, and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md DATE SIGNED 3-3-53

23. BURIAL, CREMATION REMOVAL: (Specify): Burial DATE THEREOF 3-4-53 NAME OF CEMETERY OR CREMATORY Houston Cemetery LOCATION (City, town, or county) Salisbury, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 3-4-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St

Mary A. Stewart, Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MAR 9 1953
U. S.

Item 9 FilmG152/4/6/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

391

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) (Last) Carrigan
4. DATE OF DEATH (Month) 3 (Day) 22 (Year) 53

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 6/23/1889
9. AGE last birthday ~~69~~ 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Otis Carrigan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3:4X

Immediate cause (a) Acute oedema of brain

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner; ADDRESS 224 N. Division St. Salisbury, Md. DATE SIGNED 3/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/26/53
NAME OF CEMETERY OR CREMATORY Sumpter Cem
LOCATION (City, town, or county) Sumpter (State) S.C.

DATE REC'D BY LOCAL REG. 3-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Booker W West ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06410

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Insley Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Virginia
STATE ~~Maryland~~ COUNTY Accomac
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Onancock
STREET ADDRESS (If rural give location) Market St.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Asbury (Last) Chandler
4. DATE OF DEATH: (Month) (Day) (Year) 3 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 10th 1865
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Onancock, Va
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Thomas R. Chandler
14. MOTHER'S MAIDEN NAME: Emily Sarah Killmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Verna Brewington (Daughter) 236 Ohio Ave. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Ch myocarditis arteriosclerotic
DUE TO
(c)

Intervals Between Onset and Death

4 ... 1
199.8

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma nose - Right ear

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1952 to 3-3, 1953, that I last saw the deceased alive on 3-2, 1953, and that death occurred at 3:45 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Philip A. Insley Md
ADDRESS Salisbury Md
DATE SIGNED 3-3-53

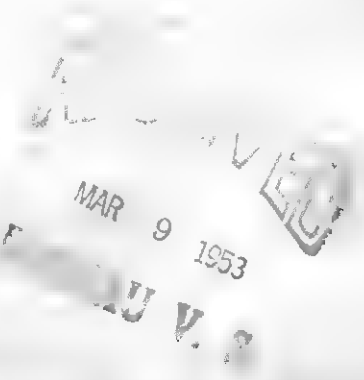
23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF March 5-53
NAME OF CEMETERY OR CREMATORY Onancock Cem
LOCATION (City, town, or county) (State) Onancock, Va

DATE REC'D BY LOCAL REGISTRAR 3-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15


MAR 9 1953

03392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eden Rt #1 Box 48

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md.
STREET ADDRESS (If rural give location) Eden Rt #1

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) ALICE (Last) CHATHAM

4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH: NOV. 16, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: STATON N. HASTINGS
14. MOTHER'S MAIDEN NAME: ELIZABETH CALLAWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs Ethel C. Dallas Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0

Immediate cause (a) Cirrhosis of Liver DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,1951, to death, 19 , that I last saw the deceased alive on 3-28, 1953 and that death occurred at 5:25 PM, from the causes and on the date stated above.

SIGNATURE Lee L Lawry M.D. (Degree or title) ADDRESS Trinitland DATE SIGNED 3-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/31/53
NAME OF CEMETERY OR CREMATORY SILOAN CEMETERY
LOCATION (City, town, or county) (State) SILOAN, MARYLAND
DATE REC'D BY LOCAL REGISTRAR 3-30-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR THE HILL & JOHNSON CO. ADDRESS SALISBURY
George C Hill #

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03393

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) Nathan (Middle) (Last) Cohen
4. DATE OF DEATH: (Month) March (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH:
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Ready to wear
11. BIRTHPLACE (State or foreign country): Madison. Ga
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wolf Cohen
14. MOTHER'S MAIDEN NAME: Florence

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Ann Cohen —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Cerebral Atherosclerosis
DUE TO (c) Arterial Hypertension — approx. 5 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1953, to 3/21, 1953, that I last saw the deceased alive on 3/21, 1953, and that death occurred at 9 40 PM, from the causes and on the date stated above.
SIGNATURE David J. Bilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED March 21, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-23-53
NAME OF CEMETERY OR CREMATORY Hebrew Friendship
LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REGISTRAR MAR 22 1953
REGISTRAR'S SIGNATURE Huntington Williams, M.D.
24. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutaw Pl ADDRESS

3-24-53 Mary Halloway Inc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 815

COPY SENT TO LOCAL ____ DATE ____

RECEIVED
MAR 24 19[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 13394

Dr. Mattax(Alberta)

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 105 Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Gorden (Middle) Handy (Last) Cooper

4. DATE OF DEATH: (Month) Mar. (Day) 11 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: April 8, 1868

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cashier

10b. KIND OF BUSINESS OR INDUSTRY: Of Restaurant

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Cooper

14. MOTHER'S MAIDEN NAME: Maria Taylor

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): No

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Ernest J. Byrd (Nephew)
R.D. # 1 Hebron, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Acute Pulmonary Edima

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive arteriosclerotic heart disease - Congestive failure

DUE TO (c)

Interval Between Onset And Death: 8 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from N/O V, 19 52 to Mar 11, 19 53, that I last saw the deceased alive on Mar 11, 19 53, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Alberta Mattax MD
ADDRESS: 407 Camden Ave
DATE SIGNED: 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Mar. 14 1953
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE RECD BY LOCAL REGISTRAR: 3-13-53
REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland
Walter R Holloway

MAR 16 19[illegible]
BUREAU [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY, Wicomico — MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruantico
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sadie (Middle) E (Last) Coltman
4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 19[illegible]

5. SEX F.
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 5/9 1893
9. AGE last birthday 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Fruantico Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm. H. Johnson
14. MOTHER'S MAIDEN NAME Mary Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-05-3579
17. INFORMANT AND ADDRESS Littleton Coltman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Disease — sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Chas. T. Fisher M.D. — ADDRESS Salisbury, Md. — DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/16/53 — NAME OF CEMETERY OR CREMATORY Fruantico Cem — LOCATION (City, town, or county) Fruantico (State)

DATE REC'D BY LOCAL REG. 3-14-53 — REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAR 17 1953
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03396

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance
STREET ADDRESS (If rural, give location) Chance Md.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Daft
4. DATE OF DEATH: (Month) (Day) (Year) March 7 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 19 1913
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Oysters & Crabs
11. BIRTHPLACE (State or foreign country): Chance Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Vergil Ford
14. MOTHER'S MAIDEN NAME: Lilly Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Lilly Webster Daft

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 161X
Immediate cause (a) Lung abscess — INTERVAL BETWEEN ONSET AND DEATH: Unknown
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Adenocarcinoma of larynx — Approx. 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 3/7, 1953, and that death occurred at 6.32 p.m. from the causes and on the date stated above.
SIGNATURE David J. Bilzone (DEGREE OR TITLE) M.D. ADDRESS Salisbury Md. DATE SIGNED March 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF March 10 1953
NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
LOCATION (City, town, or county) Chance (State) Md
DATE REC'D BY LOCAL REG. 3-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR James L. Denman ADDRESS Princess Anne Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-

RECEIVED
MAR 11 1953
BUREAU V. S.

Item 18 Film G152 3-17-53 ams

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:

COUNTY Wicomico MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury

LENGTH OF STAY (in this place) About 30 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 Evans Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury

STREET ADDRESS (If rural, give location) 114 Evans Street

3. NAME OF DECEASED: (Type or Print) (First) Twilley (Middle) Thomas (Last) Dashiell

4. DATE OF DEATH: (Month) 3 - (Day) 3 - (Year) 1953

5. SEX: Male

6. COLOR OR RACE: A.A

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: About 1896

9. AGE last birthday: About 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Hayman's Packing House

11. BIRTHPLACE (State or foreign country): Dames Quarter, Somerset Co.

12. CITIZEN OF WHAT COUNTRY? Md. U.S.A.

13. FATHER'S NAME: George W. Dashiell

14. MOTHER'S MAIDEN NAME: Mary Dashiell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 220-09-1459

17. INFORMANT & ADDRESS: Mrs. Lillian Dashiell, 114 Evans St. Salis. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4200

Immediate cause (a) Cardiac failure

DUE TO

Antecedent cause(s) (b) Arteriosclerotic heart disease

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/12/ 1953 to 3/3/ 1953, that I last saw the deceased alive on 2/23, 1953, and that death occurred at 12 05 m., from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (DEGREE OR TITLE) ADDRESS MD 228 N Division on 3/3/53 DATE SIGNED 3/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 3-8-'53

NAME OF CEMETERY OR CREMATORY Green Acres Cemetery

LOCATION (City, town, or county) (State) Salisbury, Wicomico Co. Md.

DATE REC'D BY LOCAL REG. 3-7-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS STEWART FUNERAL HOME - 324 E. Church St

Mary A. Stewart - Salisbury, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03398

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY WICOMICO MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY
LENGTH OF STAY (in this place) 46 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 E. PHILADELPHIA AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND WICOMICO
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY
STREET ADDRESS (If rural give location) 111 E. PHILADELPHIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) FRANCES (Last) DAVIS
4. DATE OF DEATH: (Month) 3 (Day) 28 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 19, 1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life. (If retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN G. DONAWAY
14. MOTHER'S MAIDEN NAME: MARIA ADKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. HOWARD McC/7 DAVIS SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331X Immediate cause
(a) Cerebral Hemorrhage & Severe Concussion due to Falling on head
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cerebral Hemorrhage due to Arterio Sclerosis & Hypertension
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1953, to 3/27/53, 19 , that I last saw the deceased alive on 3/27/53, 19 , and that death occurred at 3 a.m. , from the causes and on the date stated above.
SIGNATURE Carrie I. Hearn (Degree or title) M.D. ADDRESS 113 W Church St DATE SIGNED 3/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 3/31/53
NAME OF CEMETERY OR CREMATORY PARSONS CEMETERY
LOCATION (City, town, or county) SALISBURY, MARYLAND (State)
DATE REC'D BY LOCAL REGISTRAR 3-30-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR THE HILL & JOHNSON CO. ADDRESS SALISBURY, MD.
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 1 1953

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03399

Reg. Dist. No. 322

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 9½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riverside Home nursing

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) 707 Second St.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) M (Last) Davis

4. DATE OF DEATH (Month) March (Day) 1st (Year) 1953

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Dec 7, 1865
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Littleton D. Davis
14. MOTHER'S MAIDEN NAME Charlotte Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Thelma Mac Gleithlin Pocomoke, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arterio-sclerosis	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Chas. T. Fuslier M.D. (Degree or title) ADDRESS Salisbury, Md DATE SIGNED 3/3/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/3/53
NAME OF CEMETERY OR CREMATORY Salem Methodist
LOCATION (City, town, or county) Pocomoke (State) Md

DATE REC'D BY LOCAL REG. 3-3-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.
MAR 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03400

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Rural
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 152 Race Street

3. NAME OF DECEASED: (Type or Print) (First) Gus (Middle) — (Last) Day

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Dec. 6, 1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Anthony Day
14. MOTHER'S MAIDEN NAME: Mary Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.1 Immediate cause	(a)	Coronary thrombosis	2 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	A.S.C.V.D. c̄ coronary & myocardial insufficiency	7 mo
	DUE TO (c)	Arteriosclerosis general	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 1953, to 3/31, 1953, that I last saw the deceased alive on 3/31, 1953, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE V. Guerman (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital Salisbury DATE SIGNED 3-31-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 6 1953
NAME OF CEMETERY OR CREMATORY Holly Cross Cemetery
LOCATION (City, town, or county) Near Philadelphia, Pa. (State)
DATE REC'D BY LOCAL REG. 3-31-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company Walter R. Holloway
ADDRESS Salisbury Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-

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RECEIVED
APR 2 1953
BUREAU V. S.

Item 7 FilmG155 6/24/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332 03104

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Somerset.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Oliver (Middle) (Last) Dirke.
(Type or Print)

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 1953.

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Dec-10-1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired - Fisherman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bergen - Norway
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Mc Intosh Dames Quarter Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction, acute — Interval Between Onset And Death: 1 hour
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — unknown
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7 ,1953 to 3-14 ,1953, that I last saw the deceased alive on 3-14, 1953, and that death occurred at 10:40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wallace Q. Ellis, Jr. MD Salisbury, Md. 3-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/17/53
NAME OF CEMETERY OR CREMATORY Private cemetery
LOCATION (City, town, or county) (State) Dames Quarter Md

DATE REC'D BY LOCAL REGISTRAR 3-14-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR L. J. Webster
ADDRESS Deal Island Md

VS. 15 T

MAR 17 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03402

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY ~~Wicomico~~ Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whaleyville
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED: (Type or Print) (First) Joshua (Middle) (Last) Donoway
4. DATE OF DEATH: (Month) (Day) (Year) March 1 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct 7, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Polk Donoway
14. MOTHER'S MAIDEN NAME: [illegible] Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-22-5392
17. INFORMANT & ADDRESS: Eva Donoway, Whaleyville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coma	3 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary Occlusion	8 days
DUE TO		
	(c) Arteriosclerotic C-V Disease	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-21, 1953, to 3-1, 1953, that I last saw the deceased alive on 3/1, 1953, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE William D Gray (DEGREE OR TITLE) Md ADDRESS Salisbury Md DATE SIGNED 3-2-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3-4-53 NAME OF CEMETERY OR CREMATORY Dale Cemetery LOCATION (City, town, or county) Whaleyville (State) Md

DATE REC'D BY LOCAL REG. 2-3-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15 8-5

RECEIVED
MAR 6
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03403

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location) Dudley Avenue

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Isaac Virgil Ennis
4. DATE OF DEATH (Month) (Day) (Year) March 6 1953

5. SEX Male MALE
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 16, 1882
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired conductor
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Wicomico County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac W. Ennis
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 7/22/03-5/27/06
16. SOCIAL SECURITY No. 716-03-1558
17. INFORMANT AND ADDRESS Willie Ennis--Fruitland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 3-7-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/9/53
NAME OF CEMETERY OR CREMATORY Mount Olive
LOCATION (City, town, or county) (State) Belmar, Del.

DATE REC'D BY LOCAL REG. 3-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR N. S. Maml Cr. Belmar Del ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 11 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05404

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) William (Middle) W. (Last) Fontaine

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept 16, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fontaine

14. MOTHER'S MAIDEN NAME: American Magraden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William B. Fontaine, Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

178X

Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Pathological fracture Lower 1/3 Left Femur — 5 wks.

DUE TO

(c) Seminoma Rt. Testicle — 6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1953, to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 1 D. 30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

William B. Long M.D 226 N. Division St. Salisbury, Md 3-11-53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3-11-53 NAME OF CEMETERY OR CREMATORY Manokin Presbyterian Cemetery LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REG. 3-11-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Levin R. D. Wilson ADDRESS Princess Anne, Md.

RECEIVED
MAR 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03405

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Freeman

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Monnie
8. DATE OF BIRTH: Sept 5, 1875
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Fisherman
10b. KIND OF BUSINESS OR INDUSTRY: Fishing Boat.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Freeman
14. MOTHER'S MAIDEN NAME: Ellen Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: James Freeman, Berlin, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cor Pulmonale, Chronic — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Pulmonary Emphysema — unknown

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1953, to 3-24, 1953 that I last saw the deceased alive on 3-24, 1953, and that death occurred at 11:05 A.M. from the causes and on the date stated above.

SIGNATURE Wilber R. Ellis Jr. MD (Degree or title) ADDRESS Salisbury, Md. DATE SIGNED 3-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 3/26/53 NAME OF CEMETERY OR CREMATORY IOOF LOCATION (City, town, or county) Bishopville (State) Md.

DATE REC'D BY LOCAL REGISTRAR 3-26-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Peter Whaley ADDRESS Selbyville Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1953
BUREAU V. S.

106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Broad Street.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 211 Broad Street

3. NAME OF DECEASED (Type or Print) (First) Aurelia (Middle) Jane (Last) Freeney

4. DATE OF DEATH (Month) March (Day) 31 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/1 1896
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Marion Station, Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Do not Know.
14. MOTHER'S MAIDEN NAME Lethia Borden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sarah Fields, 211 Broad St., Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5 yrs

Immediate cause (a) Nephritis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 2 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1953, to 3/31, 1953, that I last saw the deceased alive on 3/30, 1953, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Chas. T. Fisher M.D. 200 N. Division St. Salisbury Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 5, 1953
NAME OF CEMETERY OR CREMATORY Cape Charles Cemetery
LOCATION (City, town, or county) Cape Charles, (State) Virginia

DATE REC'D BY LOCAL REG. 4-6-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR J. Edgar Thomas. ADDRESS Accomac, Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AN

8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03107

CERTIFICATE OF DEATH

Reg. Dist. No. 322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Champ.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) (Last) Gibson

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Mar 2, 1868

9. AGE last birthday: 85 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Champ, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward W. Ballard

14. MOTHER'S MAIDEN NAME: Mary A. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Mrs Olin Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
332X
Immediate cause (a) Cerebral Thrombosis — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cerebral Atherosclerosis — DUE TO
(c) Senile Fatigue, Malnutrition

INTERVAL BETWEEN ONSET AND DEATH: 1 month

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9, 1953, to 3-9, 1953, that I last saw the deceased alive on 3-9, 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Raymond Gelwicks M.D. Salisbury Md. March 9, 1953

23. BURIAL, CREMATION REMOVAL (Specify): — DATE THEREOF: 3-11-53 — NAME OF CEMETERY OR CREMATORY: Oriole Cemetery — LOCATION (City, town, or county) (State): Oriole Md.

DATE REC'D BY LOCAL REG. 3-10-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: James Hinman, Princess Anne, Md.

MAR 12 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63408 332

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne (RFD)
LENGTH OF STAY (in this place) 78
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D.
STREET ADDRESS (If rural, give location) Princess Anne, R.F.D. I

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) (Last) Goslee

4. DATE OF DEATH: (Month) Mar. (Day) 8 (Year) 19 53

5. SEX: Female **6. COLOR OR RACE:** White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 2-I-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel H. Goslee

14. MOTHER'S MAIDEN NAME: Sarch Elizabeth Disharoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Virginia Croswell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4222

Immediate cause (a) Ch. Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 2 yrs. 9 mo.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ch. Nephritis — 2 yrs 9 mo.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 19 50, to 3/8/53, that I last saw the deceased alive on 3/6/53, 19....., and that death occurred at 6 P.M. m., from the causes and on the date stated above.

SIGNATURE Chas. B. Whelgue (DEGREE OR TITLE) ADDRESS Princess Anne DATE SIGNED 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 3-10-53 NAME OF CEMETERY OR CREMATORY Allen Cemetery LOCATION (City, town, or county) Allen (State) Md.

DATE REC'D BY LOCAL REG. 3/10/53 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Mary Halloway B.

24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
MAR 12 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C5409

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 427 E. Elizabeth St;

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fannie	M.	Gray	3	22	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	1/6/1888	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Barrett
14. MOTHER'S MAIDEN NAME: Jane Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Mrs Ford Seabrease same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Deputy Medical Examiner
ADDRESS: 224 N. Division St.; Salisbury, Md.
DATE SIGNED: 3/23/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/24/53	Mardela Cemetery	Mardela Springs	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-24-53	Mary W. Holloway	Paul G. Smith	Shorptown, Md.

Item 9 FilmG152 3/24/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Irving (Last) Dickerson
4. DATE OF DEATH: (Month) Mar (Day) 4 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct. 27, 1874
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat builder
10b. KIND OF BUSINESS OR INDUSTRY: Berlin Veneer Wks
11. BIRTHPLACE (State or foreign country): Roxana Del
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joshua Dickerson
14. MOTHER'S MAIDEN NAME: Kate Lynch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 217-16-9949
17. INFORMANT AND ADDRESS: Mrs. E. I. Dickerson Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Coronary Obstruction
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Sclerosis
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Left vault fr a fall

19a. DATE OF OPERATION: Not Performed 3-3
19b. MAJOR FINDINGS OF OPERATION: Fractured Trochanter right hip
20. AUTOPSY? Yes ☐ No ☐

21. INTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) Berlin (COUNTY) Worcester (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 17 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell while taking a bath at home

22. I certify that I took charge of the remains described herein and held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy ☐ Inspection or Inquiry ☐ I find deceased died on the day stated above, and death in my opinion resulted from the principal causes ☐ accidental ☐ suicidal ☐ homicidal ☐ undetermined

SIGNATURE: Geo. Wm. Waterman (Degree or title) ADDRESS: Pocomoke City, Md. DATE SIGNED: 3/5/53

DISPOSITION (Burial, Cremation, Removal): Burial
DATE OF DISPOSITION: 3/7/53
NAME OF CEMETERY OR CREMATORY: Evergreen
LOCATION (City, town, or county): Berlin (State): Md
DATE RECD BY LOCAL REGISTRAR: 3-9-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Chas. A. Bunting ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and specially important. Physicians: please write the causes of death clearly and legibly.

VS. ALA

MAR 11 1953

Dr Lewis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03412

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg (XXXXXXXXX)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parsonsburg
STREET ADDRESS (If rural give location) R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Handy (Last) Holloway
4. DATE OF DEATH: (Month) Mar. (Day) 1 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 31, 1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months 7 Days 0 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): retired farm
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): R.D # 1 Parsonsburg Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Wm. Handy Holloway
14. MOTHER'S MAIDEN NAME: Elizabeth Hastings
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Horace Holloway- Ocean City Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Myocarditis' Chronic — Interval Between Onset And Death 2 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension

DUE TO

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostate gland operation 2 yrs ago (benign) in bed since that time.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1951, 19 , to day of death, that I last saw the deceased alive on 2-28, 1953, and that death occurred at 10:05 A.M. from the causes and on the date stated above.

SIGNATURE Frank Lewis (Degree or title) M.D. ADDRESS Willards Md DATE SIGNED 3-2-53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar. 5-1953
NAME OF CEMETERY OR CREMATORY Forest Grove Cemetery
LOCATION (City, town, or county) (State) Near Salisbury, Maryland
DATE REC'D BY LOCAL REGISTRAR 3-5-53
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Holloway & Company - Salisbury, Maryland ADDRESS
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 9

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05213

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-53

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route # 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Salisbury
STREET ADDRESS (If rural, give location): Route # 5

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) GRACE (Last) HORNER

4. DATE OF DEATH: (Month) MAR. (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1882

9. AGE last birthday: 71 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): New York, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lorenzo Hagar

14. MOTHER'S MAIDEN NAME: Caroline Steinhauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. William A. Horner (Husband)

18. MEDICAL CERTIFICATION R.D.#5, Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute Coronary Occlusion	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive arteriosclerotic heart disease	8 yrs
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: **INJURY OCCURRED While at work ☐ Not while at work ☐:** **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from JUNE, 19.51., to MARCH, 19.53., that I last saw the deceased alive on Mar. 23, 19.53, and that death occurred at 12:57 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Alberta Matlax M.D. 407 Camden Ave Salisbury — DATE SIGNED: 3/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** Mar. 25, 1953 — **NAME OF CEMETERY OR CREMATORY:** Parsons Cemetery — **LOCATION (City, town, or county) (State):** Salisbury, Maryland

DATE REC'D BY LOCAL REG.: 5-23-53 — **REGISTRAR'S SIGNATURE:** Mary M. Holloway

24. FUNERAL DIRECTOR: Holloway & Company-- Salisbury, Maryland — **ADDRESS:** Walter R. Holloway

RECEIVED
MAR 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3414

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (8-53)

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS P.B. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury RD#4; STREET ADDRESS (If rural, give location) Lincoln & Pierce Ave

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Faye (Last) Howe

4. DATE OF DEATH: (Month) (Day) (Year) March 31 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: March 21-

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Columbus Kans.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William N. Glasgow

14. MOTHER'S MAIDEN NAME: Hattie Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Leroy J. Howe (Husband) RFD #4 Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Generalized carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma breast — 5 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 48, to 3-31, 19 53, that I last saw the deceased alive on 3-31, 19 53, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ruby A Tinsley, M.D. ADDRESS Salisbury, Md DATE SIGNED 4-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial April 2-53

NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 4-1-53

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Hilleary & C. Salisbury Md. ADDRESS

Walter R. Hilleary

RECEIVED
APR 6 1953
BUREAU V. S.

03415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 706 Dennis Street

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Hull.

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: Colored. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Newborn. | 8. DATE OF BIRTH: March 15-1953 | 9. AGE last birthday: IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min. 27.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Purnell Sidney William Hull.

14. MOTHER'S MAIDEN NAME: Agnes Eleanor Purnell.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Father - 706 Dennis St. Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.5

Immediate cause (a) Premature rupture of membranes.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15-53, 19 , to 3-15-53., 19 , that I last saw the deceased alive on 3-19-53, 19... , and that death occurred at 9:27 AM, from the causes and on the date stated above.

SIGNATURE Stefan W. Lutz (Degree or title) M.D.C.M. ADDRESS Salisbury Md DATE SIGNED 3-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3/17/53. | NAME OF CEMETERY OR CREMATORY Peninsula General Hospital | LOCATION (City, town, or county) Salisbury (State) Wicomico Maryland

DATE REC'D BY LOCAL REGISTRAR 3-17-53 | REGISTRAR'S SIGNATURE Maynell Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS

203:272170

MAR 20 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels
STREET ADDRESS (If rural, give location) 203 TALBOT STR.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) N. (Last) Jackson

4. DATE OF DEATH: MARCH (Month) (Day) 3 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: N.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milk
10b. KIND OF BUSINESS OR INDUSTRY: Dairy Work
11. BIRTHPLACE (State or foreign country): Mc Daniel Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: Martha Green.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 443x	(a) Recurrent Cerebral accident by hemorrage	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardiovascular disease	6 years
	DUE TO (c) Arteriosclerosis general	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1952, to 3/3, 1953, that I last saw the deceased alive on 3/3, 1953, and that death occurred at 2:10 a.m., from the causes and on the date stated above.

SIGNATURE Dr. V. Guerman (DEGREE OR TITLE) MD ADDRESS Deers Head State Hospit. Salisbury, Md. DATE SIGNED 3/3/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 3/5/53 NAME OF CEMETERY OR CREMATORY Claiborne, Md. LOCATION (City, town, or county) Claiborne, Md. (State)

DATE REC'D BY LOCAL REG. 3/4/53 REGISTRAR'S SIGNATURE N. H. Nevins
3-5-53 Mary W. Holloway

24. FUNERAL DIRECTOR Norman W. Marshall ADDRESS St. Michaels, Md.

MAR 9 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53417

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Pemberton Drive

3. NAME OF DECEASED: (First) (Middle) (Last) Jones
4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday: yrs.	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white		March 17-1953			45

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11 BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Salisbury Maryland	U.S.A

13. FATHER'S NAME: Randall Logan Jones.
14. MOTHER'S MAIDEN NAME: Vera Virginia Tyree.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
✓	none	Randall Logan Jones Pemberton Drive Salisbury Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

75

Immediate cause (a) Hydrocephalus & multiple congenital anomalies

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17-, 1953, to 3-17-, 1953, that I last saw the deceased alive on 3-17, 1953, and that death occurred at 3:15 p.m. from the causes and on the date stated above.

SIGNATURE Stedman W Smith (Degree or title) M.D C.M. ADDRESS 224 N Division St Salisbury Md DATE SIGNED 3-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF March 18-1953 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 3-18-53 REGISTRAR'S SIGNATURE Mary W. Holloway 24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS Salisbury, Md.

2-3-31644 9

MAR 20
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03418

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Everett (Last) Jones III

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 2-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Salisbury, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles E. Jones Jr.
14. MOTHER'S MAIDEN NAME: Elaine Taylor

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mr Charles E. Jones Jr. Snow Hill, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
771.0X
Immediate cause (a) HEMOTHORAX - LEFT (RECENT)
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FATTY DEGENERATION OF LIVER

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1953, to 3/12, 1953, that I last saw the deceased alive on 3/12, 1953, and that death occurred at 10:46 am, from the causes and on the date stated above.
SIGNATURE William C. Morgan, M.D. (Degree or title) ADDRESS Salisbury Md DATE SIGNED 3/13/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF March 13/53 NAME OF CEMETERY OR CREMATORY Presbyterian LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REGISTRAR 3-14-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay Bunnie, Snow Hill, ADDRESS Md

2033252405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Delaware COUNTY Sussex

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) L. (Last) LeKites

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: May 4-1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during best of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Own Garage

11. BIRTHPLACE (State or foreign country): Ellendale Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel C. LeKites

14. MOTHER'S MAIDEN NAME: Emery Cord Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Mary LeKites (Wife) Laurel Dela.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1547

Immediate cause (a) Pneumonia

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Nil

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-25-53 to 3-3-53, 1953, that I last saw the deceased alive on 3-3-53, 1953, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS [illegible] DATE SIGNED 3-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3-7-53 — NAME OF CEMETERY OR CREMATORY Odd Fellows Cem. — LOCATION (City, town, or county) Milford (State) Del.

DATE REC'D BY LOCAL REG. 3-5-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR William Berry — ADDRESS Milford Del.

VS. A15

MAR 9 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02420

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Mr. William (Middle) Thomas (Last) Littleton
4. DATE OF DEATH: (Month) March (Day) 10 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Aug 20
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Handy Littleton
14. MOTHER'S MAIDEN NAME: Josepie Truitt

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.): ✓ (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Ada Horn Willards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Pulmonary edema — 2 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular disease — unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarct, acute — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 1953, to 3-10, 1953 that I last saw the deceased alive on 3-10, 1953 and that death occurred at 3115 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Wilbur A. Ellis, Jr. MD — Salisbury, Md. — 3-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/13/53
NAME OF CEMETERY OR CREMATORY: New Hope
LOCATION (City, town, or county) (State): Willards Md.
DATE REC'D BY LOCAL REGISTRAR: 3-12-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Salisbury, Md.

RECEIVED
MAR 16 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03421

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A164

1. PLACE OF DEATH: COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STATE: MARYLAND; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 671 Fitzwater Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): 671 Fitzwater Street

3. NAME OF DECEASED (Type or Print): (First) LUTHER (Middle) WARREN (Last) MALONE

4. DATE OF DEATH: (Month) March (Day) 15th (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 6, 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months 3, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sailor

10b. KIND OF BUSINESS OR INDUSTRY: Oil Tanker

11. BIRTHPLACE (State or foreign country): Silopa Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Oler Malone

14. MOTHER'S MAIDEN NAME: Sallie M. Malone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give dates of service): World War #1.

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Daisey Belle Malone (Wife)-671 Fitzwater St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Coronary Disease — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elias F. Fisher M.D. Salisbury, Md. 3/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: March 21-1953

NAME OF CEMETERY OR CREMATORY: Allen Church Cemetery

LOCATION (City, town, or county) (State): Allen, Maryland

DATE REC'D BY LOCAL REG. 3-20-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

RECEIVED
MAR 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03422

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 108 Naylor Street

3. NAME OF DECEASED: (Type or Print) (First) Vennes (Middle) VERNON (Last) Marshall

4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): DIVORCED
8. DATE OF BIRTH: Feb. 10, 1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Superintendent Swifts
10b. KIND OF BUSINESS OR INDUSTRY: Supplies Meats Division
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ben Marshall
14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 226-07-1149
17. INFORMANT & ADDRESS: Mrs Mildred M. Howard 923 East Church St. Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 [illegible]

Immediate cause (a) Myocardial infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 4 hours

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to Mar 11, 1953 that I last saw the deceased alive on 11 Mar, 1953, and that death occurred at 4:05 A.M., from the causes and on the date stated above.

SIGNATURE Frederick M Johnson (Degree or title) M.D. ADDRESS Peninsula Gen. Hosp. DATE SIGNED 11 Mar 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/14/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland.
DATE REC'D BY LOCAL REGISTRAR 3-12-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, George C. Hill Jr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAR 16 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00423

1. PLACE OF DEATH: COUNTY Micomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md
LENGTH OF STAY (in this place) 2 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 506 N Dallas

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A. (Last) McCready
4. DATE OF DEATH: (Month) (Day) (Year) 1953
5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 3 27 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Eastern Shore Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George McCready
14. MOTHER'S MAIDEN NAME: Mary Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Elizabeth McCready

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 177X

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 12 h

DUE TO

Antecedent cause(s) (b) Ca of prostate gland c̄ metastasis — 9 y

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

~~DUE TO~~ (c) to lungs, pelvis and spine

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic CVD — 5 y (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 25th 1953, to 3/1/, 1953, that I last saw the deceased alive on 3/1/, 1953, and that death occurred at 12 55 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. J. Mulchy Instr. Physicians Salisbury Md. Deer's Head St. Hosp.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF March 6-53
NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery
LOCATION (City, town, or county) A.A. Co, Md (State) 3/1/53

DATE REC'D BY LOCAL REG. 3/5/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR, ADDRESS Robert E. Williams 1515 McElderry St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03424

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 904 Walnut St

3. NAME OF DECEASED: (Type or Print) (First) Sylvester (Middle) W. (Last) Messick

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: white
7. ~~SINGLE,~~ MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):
8. DATE OF BIRTH: July 16, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farm Owner
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Messick
14. MOTHER'S MAIDEN NAME: Rhoda Figgs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Susie E. Messick, Pocomoke, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

446X

Immediate cause (a) Uremia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Nephrosclerosis

DUE TO (c)

Interval Between Onset And Death: Symptoms 2 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Coronary Atherosclerosis, Advanced — Symptoms 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1953, to 3-22, 1953, that I last saw the deceased alive on 3-22, 1953, and that death occurred at 3:50 PM, from the causes and on the date stated above.

SIGNATURE David [illegible] (Degree or title) [illegible] ADDRESS Salisbury Md. DATE SIGNED Mar 23, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 3-24-53 NAME OF CEMETERY OR CREMATORY Baptist Cemetery LOCATION (City, town, or county) (State) Pocomoke, Md

DATE REC'D BY LOCAL REGISTRAR 3-24-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H Watson ADDRESS Pocomoke Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CEIVED
MAR
BUREAU V. S.

Dr. Lawry

03425

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Green St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Wicomico COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fruitland
STREET ADDRESS (If rural give location) Green St.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Foster Cook Murphy
4. DATE OF DEATH: (Month) (Day) (Year) March 4 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 24
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Not Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Loudenville Ohio U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: No Record (Murphy)
14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Cora Murphy (Wife) Green St. Fruitland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 , to , 19 , that I last saw the deceased alive on 3-3-53, 19 , and that death occurred at 845 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lee L. Lawry, M.D.
ADDRESS Fruitland, Md.
DATE SIGNED 3-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Mar 8-53
NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park
LOCATION (City, town, or county) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 3-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. Walter R. Holloway
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

93426

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clemond (Middle) W. (Last) Outten

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 1 - 1889
9. AGE last birthday: 63-8-21 — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Theatre owner
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Pocomoke City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hiram B. Outten
14. MOTHER'S MAIDEN NAME: Emma Tilghman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mr Clemon W Outten Jr, Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

-31X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Atherosclerosis — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arterial Hypertension — Unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21/, 1953, to 3/22/, 1953, that I last saw the deceased alive on ..., 19.., and that death occurred at 10.05 a.m., from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED March 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF March 24/53
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REGISTRAR 5-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay B. Dunnis, ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

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MAR 31 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53127

CERTIFICATE OF DEATH BC

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1748 Lamont Ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) S. (Last) Parks

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: December 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Ret - cold storage Work

10b. KIND OF BUSINESS OR INDUSTRY: Hendler Creamery Co

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Parks

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-01-1098

17. INFORMANT & ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
603X Immediate cause	(a) Uremia due to:	26 h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Renal insufficiency	6 mo.
	(c) DUE TO Arteriosclerosis general & cerebral	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Quadruplegy due to bilat. cerebral trombosis 7 mo.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1953, to 3/13, 1953, that I last saw the deceased alive on 3/13, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE V. Fuerman (DEGREE OR TITLE) M.D. ADDRESS Deer's Head State Hospital, Salisbury Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 3/17/53 — NAME OF CEMETERY OR CREMATORY Moreland Park — LOCATION (City, town, or County) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 3/16/53 — REGISTRAR'S SIGNATURE W W Hudgins — **24. FUNERAL DIRECTOR** Wm Cook Inc. — ADDRESS 1217 St. Paul St

VS. A15 51

3428

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural give location) 402 Second St.

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (Last) Parks

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: Oct 4, 1885 | 9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Antique Dealer | 10b. KIND OF BUSINESS OR INDUSTRY: Own Shop | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E. Parks | 14. MOTHER'S MAIDEN NAME: — Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 220-32-0599 | 17. INFORMANT & ADDRESS: Alger Parks, Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

44 Y
Immediate cause (a) Cerebral Hemorrhage — 12 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive Vascular Disease — unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19/ ,1953, to 3/25/ ,1953, that I last saw the deceased alive on 3-25., 1953 and that death occurred at 1.02 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William J. Ellis, M.D. — ADDRESS Salisbury, Md — DATE SIGNED 3-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 3-27-53 | NAME OF CEMETERY OR CREMATORY Baptist Cemetery | LOCATION (City, town, or county) (State) Pocomoke Md

DATE REC'D BY LOCAL REGISTRAR 3-27-53 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR ADDRESS Henry A. Watson, Pocomoke, Md.

MAR 31 1953
BUREAU V. S.

03429

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) Since 6/21/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine Bluff State Hospital Salisbury, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Chester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Luther (Last) Patterson
4. DATE OF DEATH: (Month) March (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Sept. 13, 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - Cotton Mills & Chef
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas L. Patterson
14. MOTHER'S MAIDEN NAME: Alcester Hygddon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) U.K. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Patient when admitted

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Cancer of Ascending Colon
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
002X) (c)

Interval Between Onset And Death: 7 mo.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis 6 years

19a. DATE OF OPERATION: 10/1/52
19b. MAJOR FINDINGS OF OPERATION: Cancer of Ascending Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21, 1950, to 3/5, 1953, that I last saw the deceased alive on 3/4, 1953, and that death occurred at 1:55 A.M., from the causes and on the date stated above.
SIGNATURE S H Kindle (Degree or title) MD ADDRESS Salisbury Md DATE SIGNED 3/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/8/53
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.
DATE REC'D BY LOCAL REGISTRAR 3/8/53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry Watson Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAR 11 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03430

Dr. Wm Smith

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In Village

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parsonsburg
STREET ADDRESS (If rural give location): In Village

3. NAME OF DECEASED: (Type or Print) (First) Nancy (Middle) E (Last) Perdue

4. DATE OF DEATH: (Month) Mar (Day) 3 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 24, 1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months 1 Days 9 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Parsonsburg Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kendall Jackson

14. MOTHER'S MAIDEN NAME: Angelo Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Lucy P. Tull (Daughter) Parsonsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

443X

Immediate cause (a) Cardiac Failure.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive C.V. Disease
DUE TO (c) Degenerative processes.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1 ..., 1953 to 3-1 ..., 1953 that I last saw the deceased alive on 3-1 ..., 1953 and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm B Smith M.D. — ADDRESS: Salisbury — DATE SIGNED: 3/4/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Mar. 6, 1953 — NAME OF CEMETERY OR CREMATORY: Parsonsburg Church Cemetery — LOCATION (City, town, or county) (State): Parsonsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: 3-5-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

Walter R. Holloway

MAR 9 1953

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05431

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; STATE Md. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Nutter Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN S Salisbury, Md.; STREET ADDRESS (If rural, give location) Delmar Rd.

3. NAME OF DECEASED (Type or Print): (First) Sandy (Middle) (Last) Stewart

4. DATE OF DEATH: (Month) 3 (Day) 17 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: ?

9. AGE last birthday: 93 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Weaver

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Somerset County, Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: not Knowed

14. MOTHER'S MAIDEN NAME: not Knowed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Charles Mackey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis — Interval Between Onset and Death: Year

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arthritis — Interval Between Onset and Death: 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1953, to Mar. 17, 1953, that I last saw the deceased alive on Mar. 10, 1953 and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): G. Herbert Sembly MD — ADDRESS: Salisbury Md — DATE SIGNED: 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-19-53 — NAME OF CEMETERY OR CREMATORY: Parsley — LOCATION (City, town, or county) (State): Princess Anne Md

DATE REC'D BY LOCAL REG.: 3-18-53 — REGISTRAR'S SIGNATURE: Mary M. Holloway — 24. FUNERAL DIRECTOR: Brereton H. Jones — ADDRESS: Princess Anne Md

MAR 20 1951

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03132

Reg. Dist. No. 332

VS. A1 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 209 Ballitts Lane

3. NAME OF DECEASED: (Type or Print) (First) Lea (Middle) Thomas (Last)

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH: about 1903
9. AGE last birthday: about 50 yrs.
IF UNDER 1 YEAR: Months ___ Days ___
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 263-26-6792
17. INFORMANT & ADDRESS: Milford Twilley (employer)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/1 ....., 1953, to 3/22 , 1953, that I last saw the deceased alive on 3/22 ...., 1953, and that death occurred at 7:50 P.M. , from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Fred R. Gramm M.D. Salisbury, Md 3/23/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3-25-53
NAME OF CEMETERY OR CREMATORY Houston Cemetery
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-25-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR ADDRESS
STEWART FUNERAL HOME 324 E. Church St
Thornton B. Jolley Salisbury, Md.

RECEIVED

BUREAU V. S

Item 18 Film G152 3-26-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury

STREET ADDRESS (If rural, give location) Mount Herman Road

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Mosher (Last) Tilghman

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 22, 1893

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 3 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Powellville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Emory H. Burbage

14. MOTHER'S MAIDEN NAME: Amanda Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Elizah J. Tilghman (Husband) R.D. #4 Mount Herman Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

199.1

Immediate cause (a) Cardiac failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Sarcoma with Primary site: Right upper inner arm.

DUE TO

(c) widespread metastasis.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/27, 1953 to 3/7, 1953 that I last saw the deceased alive on 3/7, 1953, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE Andrew C. Mitchell (DEGREE OR TITLE) MD ADDRESS 228 N Division DATE SIGNED 3/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar. 10, 1953

NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park

LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 3-16-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

RECEIVED
MAR 12 1953
BUREAU V

Dr. Wm Smith MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33134

CERTIFICATE OF DEATH

Reg. Dist. No. 382

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Morris Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 104 Morris Lane

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) W (Last) Timmons

4. DATE OF DEATH: (Month) Mar. (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Oct. 11, 1887

9. AGE Last birthday: 65 yrs. IF UNDER 1 YEAR Months 4 Days 29 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, (Never "retired") Night Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Manhatten Shirt Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jonathon Timmons

14. MOTHER'S MAIDEN NAME: (~~unknown~~) Sara Elizabeth Short

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Geneva Timmons (Wife) 104 Morris Lane- Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive C.V. Disease DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-20, 1953, to 3-10, 1953, that I last saw the deceased alive on 3-9, 1953, and that death occurred at 12:40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W M B Smith M.D. ADDRESS Salisbury, Md. DATE SIGNED 3/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Mar. 12 1953 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE RECD BY LOCAL REGISTRAR 3-11-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS Holloway & company - Salisbury, Maryland
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 1 1953
BUREAU V. S.

Item 9 FilmG152 3/13/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke R. D 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) (Last) Townsend
4. DATE OF DEATH: (Month) 8 (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Unknown
9. AGE last birthday: ? 69 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mr. Roy Outten, Pocomoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X
Immediate cause (a) Cerebral Haemorrhage
DUE TO
Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3/53, 19....., to 3/4/53, 19....., that I last saw the deceased alive on 3/4/53, 19....., and that death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE Carrie L. Hearn (DEGREE OR TITLE) MD ADDRESS 203 W Church St Salisbury DATE SIGNED 3/4/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 3-6-53
NAME OF CEMETERY OR CREMATORY Georgetown Meth.
LOCATION (City, town, or county) (State) Pocomoke, Md

DATE REC'D BY LOCAL REG. 3-4-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

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MAR 9 1953

03436

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural, give location) 308 Catherine Street

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Mae (Last) Tull
4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 1953
5. SEX F
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5/6/1912
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Chicken Plant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Marshall
14. MOTHER'S MAIDEN NAME Anna Copes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS James Tull; Dames Quarter, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE J. A. Rademaker (Degree or title) Deputy Medical Examiner; ADDRESS 224 N. Div. St. Salisbury, Md. DATE SIGNED 3/23/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3-24-1953
NAME OF CEMETERY OR CREMATORY Temperanceville Cemt
LOCATION (City, town, or county) (State) Temperanceville Va.
DATE REC'D BY LOCAL REG. 3-23-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Levin B. Wilson ADDRESS Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6A

RECEIVED
1953
B... J. W. S.

Item 9 FilmG152 3/26/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 132

1. PLACE OF DEATH: COUNTY Wicomico; STATE Md MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Collins Street 507

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Turner

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S.

8. DATE OF BIRTH: July 7, 1935

9. AGE last birthday: 17 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Turner

14. MOTHER'S MAIDEN NAME: Dora Dale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Dora Dale. 507 Collins St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns of both arms, chest, abdomen and thighs. — Interval Between Onset and Death: 5 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 916.0

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Maryland

TIME OF INJURY (Month) 2 (Day) 4 (Year) 53 (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Dress caught fire as she passed wood stove

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) Deputy Medical Examiner; ADDRESS 224 N. Division St. Salisbury, Md. DATE SIGNED 3/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 3/18/53; NAME OF CEMETERY OR CREMATORY Green Acres Cem; LOCATION (City, town, or county) Salisbury; (State) Md.

DATE REC'D BY LOCAL REG. 3-17-53; REGISTRAR'S SIGNATURE Thomas W. Holloway; 24. FUNERAL DIRECTOR Brooks M West; ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

T

RECEIVED
MAR 19 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]3138

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural Life
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Leah (Middle) (Last) Waller

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: About 1872

9. AGE last birthday: About 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Wilson

14. MOTHER'S MAIDEN NAME: Jane (maiden name unknown)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Percy Wainwright, Mardela Springs, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

794 X
Immediate cause — (a) age and infirmity debility DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Partial paralysis throat Murder DUE TO

(c) + loss vital force.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1953, to March 15, 1953, that I last saw the deceased alive on March 12, 1953, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Inez Quinn — ADDRESS Mardela Springs, Md. — DATE SIGNED 3/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF March 22, 1953 — NAME OF CEMETERY OR CREMATORY White Haven Cemetery — LOCATION (City, town, or county) (State) Near Hebron, Maryland

DATE REC'D BY LOCAL REGISTRAR 3-24-53 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR ADDRESS J.J. Framptom and Son, Federalsburg, Md.

VS. A15

RECEIVED
MAR 24 1953
BUREAU

Dr. Lewis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 63139

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
MARYLAND LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.D. Pittsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural give location): R.D. Pittsville Md.

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) Ellen (Last) Wells

4. DATE OF DEATH: (Month) Mar. (Day) 9 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 26, 1896

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 1 Days — IF UNDER 24 HRS. Hours — Min. 13

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Berlin Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua McCabe

14. MOTHER'S MAIDEN NAME: Maggie Timmons

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO:

17. INFORMANT & ADDRESS: George William Wells (Husband) R.D. Pittsville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) adeno carcinoma of liver — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Patient had a partial gastrectomy
DUE TO (c) for adeno carcinoma of stomach 5 years ago.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-19-53 abdominal exploratory.

19b. MAJOR FINDINGS OF OPERATION: metastasis to liver

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19..., to date of death, that I last saw the deceased alive on 3-9-53 19..., and that death occurred at 9:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank Lewis M.D. ADDRESS: Pittsville Wicomico Co. Md. DATE SIGNED: 3-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Mar 12 1953

NAME OF CEMETERY OR CREMATORY: Pittsville Cem.

LOCATION (City, town or county) (State): Pittsville Md

DATE REC'D BY LOCAL REGISTRAR: 3-11-53

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1953
BUREAU OF

03440

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 322

VS. A15 8-

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) R.D. # 5

3. NAME OF DECEASED: (First) (BABY) (Middle) (Last) Williams

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: Mar. 6, 1953

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months — Days 2
IF UNDER 24 HRS.: Hours 30 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pen. Gen. Hospital-Sal. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Lee Williams

14. MOTHER'S MAIDEN NAME: Grace Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert Lee Williams (Father)

18. MEDICAL CERTIFICATION R.D. # 5- Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

762.5
Immediate cause (a) Atelectasis
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Prematurity
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/7, 1953, to 3/9, 1953, that I last saw the deceased alive on 3/8, 1953, and that death occurred at 3a m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
William C. Morgan M.D. Salisbury Md. 3/9/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Mar. 10, 1953
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REG. 3-10-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Holloway & Company - Salisbury, Maryland

Walter R. Holloway

20322833 42

RECEIVED
MAR 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03441

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury.
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill.
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (First) (Middle) (Last) Wright
4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: March 30-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 2, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland, Wor. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Mabel Virginia Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

7767 Immediate cause (a) Prematurity — 3 Hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-53 19..... to 3-30-53 19....., that I last saw the deceased alive on 3/30/ 1953, and that death occurred at 11:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Robt. H. LaMar MD
ADDRESS Snow Hill
DATE SIGNED 3-31-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 4/1/53.
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 4-1-53
REGISTRAR'S SIGNATURE Mary M Holloway
24. FUNERAL DIRECTOR
ADDRESS Peninsula General Hospital Salisbury, Md.

1033232301

RECEIVED
APR 6 1953
BUREAU V